

Road Map to Revamping Clinical Education for Pedagogical and Social Justice Missions: Lessons from Ethiopia

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Introduction

Higher education institutions are expected not only to produce competent graduates, but also to “make a contribution to the solution of major problems faced by the local community and by society at large, and participate directly in the process of social change.”¹ Law schools are no exception to these enhanced roles of higher education institutions. Until recently, law schools and their students in Ethiopia, and other countries,² have remained isolated from the legal profession and society at large. In various countries, law schools responded to this deficiency by implementing curricular and extracurricular interventions designed to maximize social justice. Central to this response is the role

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1. Ben Jongbloed et al., *Higher Education and Its Communities: Interconnections, Interdependencies and a Research Agenda*, 56 HIGHER EDUC. 303, 306 (2008).
2. Margaret Drew & Andrew P. Morriss, *Clinical Legal Education and Access to Justice: Conflicts, Interests, and Evolution*, in BEYOND ELITE LAW: ACCESS TO CIVIL JUSTICE IN AMERICA (Samuel Estreicher & Joy Radice eds., 2016); JUST. & LEGAL SYS. RSCH. INST., REFORM ON LEGAL EDUCATION AND TRAINING IN ETHIOPIA (DRAFT) 45 (June 2006) (unpublished manuscript) (on file with the author). In 2018, JLSRI was renamed as the Federal Justice and Legal Research and Training Institute and given an additional mandate of training justice sector professionals.

played by clinical legal education (CLE) in furthering social justice through a pedagogy-driven approach.

CLE has a short history in Ethiopian legal education. It was included for the first time in the 2006 National Bachelor of Laws (LL.B.) Curriculum, which applied to all law schools of Ethiopia. This Curriculum was informed by the 2006 comprehensive Legal Education and Training Reform Document, which framed the purpose of legal education and training reform as creating “effective law schools that can contribute to the sustenance of democracy, peace, good governance and justice as well as . . . capable of producing competent and responsible graduates that can detect and fight against unethical and corrupt practices.”³ The Reform Document identified the multifaceted challenges law schools faced and proposed detailed strategies to address the bottlenecks. In particular, it pointed to problems related to delivery, curriculum, leadership, research, and publications and suggested solutions. An insufficient number of skill-oriented courses was one curriculum-related problem that the Reform Document revealed,⁴ leading to the incorporation of clinical and other skill-oriented courses in the Curriculum.

This article seeks to assess the progress and challenges for CLE in Ethiopia and to put forward recommendations for its enhanced impact. Both the diagnosis and the proposed solutions may also be relevant to other jurisdictions. The article draws from examples in Nigeria, Kenya, India, Japan, the Philippines, Colombia, Poland, Croatia, Georgia, and Russia, and compares clinical education reform efforts to the United States framework. Because CLE in Ethiopia and in other heavily resource-constrained jurisdictions is fully or partially funded by public and private donors (such as the United Nations Development Program (UNDP), along with bilateral aid from the United States, the European Union, and the Ford Foundation), understanding the challenges and the path for an improved framework will be highly relevant to philanthropic organizations seeking to maximize the positive impact of their project funding.

The remainder of this article is organized in five sections. Section I examines the place of CLE in the broader LL.B. curriculum of Ethiopian law schools. Section II delves into analyses of the twin missions of CLE in the Ethiopian context, focusing on gaps in achieving these goals and the role CLE could play to fill the gap. Sections III and IV, respectively, assess the modest progress made and outstanding issues and challenges to the implementation of CLE in Ethiopian law schools. The final section concludes the article and offers some recommendations on key measures to be taken to augment CLE in Ethiopia, which also offers lessons for other jurisdictions.

I. CLE and the Broader LL.B. Curriculum of Ethiopian Law Schools

In Ethiopian law schools, law is an undergraduate study. Currently, there are two curricula in force for the LL.B. study: the 2013 National Modularized

3. *Id.* at 7.

4. *Id.* at 14.

Curriculum of the LL.B. Program (hereinafter 2013 LL.B. curriculum) and the 2019 National Harmonized LL.B. Curriculum (hereinafter 2019 LL.B. curriculum), which superseded the 2006 National LL.B. Curriculum. The 2013 LL.B. curriculum continued to apply for students registered before 2019 until it phases out in 2022, after which the 2019 will be the only applicable curriculum. Accordingly, this article is based on the 2019 LL.B. curriculum.

Dominated by doctrinal courses, the 2019 LL.B. curriculum encompasses clinical and other experiential courses including Legal Research Methodology, Legal Writing, Legislative Drafting, Pre-Trial, Trial and Appellate Advocacy/Moot Court, and Externship. The LL.B. course is a five-year degree, with four years devoted to law courses and the remaining year for non-law foundational courses. The training institutes for justice-sector professionals, mainly for judges and public prosecutors, offer post-law school practical training to graduates for an additional eleven months.⁵

Clinical courses are offered as a two credit hours fifth-year elective courses in the 2019 LL.B. curriculum. Each student is required to select one from among four listed clinical courses: Clinical Program on Domestic Violence, Clinical Program on Child Rights, Clinical Program on Restorative Justice, and Clinical Program on Rights of Prisoners. Thus, taking and passing a clinical course is mandatory for students.

Making CLE a mandatory credit-earning course is a commendable approach. Studies conducted in other jurisdictions show how CLE could be ineffective in meeting its social justice objective where it is a noncredit-earning and extra-curricular activity in law schools.⁶ The stance taken in this regard is even more progressive than the requirements among the U.S. law schools, where live-client clinic is not a mandatory requirement for graduation.⁷

However, the Ethiopian LL.B. curriculum has its own defects, from a CLE point of view. First, the curriculum does not give students the flexibility to take more than one clinical course. Yet clinical courses could have been included among the few optional courses, thereby giving students an additional opportunity for live-client experiences, which otherwise could not be acquired through doctrinal and experiential courses. Second, reducing CLE to a two credit hour, one-semester course restricts students' exposure to clinical experiences and reduces the length of time students will be able to provide legal aid. By contrast,

5. *Enhancing Legal Education in Ethiopia: Building upon a Distinguished Past to Improve the LL.B Curriculum Including Clinical Legal Education and Legal Aid, National Assessment Report*, in FETEH (JUSTICE) ACTIVITY IN ETHIOPIA 144 (Thomas Geraghty & Muradu Abdo ed., 2022).

6. Government of India & UNDP India, *A Study of Law School Based Legal Services Clinics* 45-47 (2011), <https://www.undp.org/india/publications/study-law-school-based-legal-services-clinics-o>.

7. *ABA Standards and Rules of Procedure for Approval of Law Schools 2020-2021, Standard 303 (a)(3) & (b)*, https://www.americanbar.org/content/dam/aba/administrative/legal_education_and_admissions_to_the_bar/standards/2020-2021/2020-21-aba-standards-and-rules-for-approval-of-law-schools.pdf. See also Elizabeth Keyes et al., *Clinical Legal Education: A (Brief) Comparison of the Evolving Structures and Pedagogy in Mexico, Canada and the United States* (2014), https://scholarworks.law.uhlt.edu/all_fac/340/.

the 2006 National LL.B. Curriculum recognized legal clinics as a three credit hour course. There is no plausible justification for reducing the number of credit hours in the current curriculum.

The separation of legal professional training institutes and LL.B. courses has created some tensions regarding the suitable locus for skills courses. Similar issues may arise in the many other jurisdictions that have a separate system for formal law courses and practical legal training. A recent survey conducted by the School of Law of Addis Ababa University (AAU) brought to light a proposal by legal experts that “law schools should concentrate on legal education teaching the substantive and theoretical aspects of law, while training institutes concentrate on training practical skills needed in the implementation of law.”⁸ Understandably, this kind of opinion arises from the feeling that “training institutes are better than law schools in delivering skill courses” and that there is an overlap with what law schools teach and the institutions train and, hence, curricula should be harmonized to avoid duplication of efforts and waste of resources by entrusting all skill training with the institutes.⁹ This view, sound as it may seem, does not hold water. Limiting the role of law schools to theoretical teaching is at odds with the legal education and training reform in Ethiopia, which aims to equip students with knowledge, skills, and values with a view to creating practice-ready graduates. Legal professional training institutes train graduates, but they do not have the kind of clinical setting law schools have. In this regard, one should not lose sight of the twin missions of CLE: a pedagogical goal and a social justice mission. The institutes also partly teach doctrinal courses thereby limiting the time available for experiential learning. Practical learning at the institutes should be seen as an opportunity for students to master and further entrench the skills they developed in law schools rather than as a potentially redundant exercise.

The experience of other countries is helpful to further explain how the coexistence of law schools and judicial training institutions is in the interest of producing qualified lawyers. In Kenya, it generally takes four years to acquire an undergraduate degree in law. Upon graduation, students proceed to an apprenticeship (pupillage) for a period ranging between six and twelve months.¹⁰ During this period, “students are assigned to an advocate’s chambers where they are expected to learn the practical skills of advocacy from the advocate (called a master) under whom they work.”¹¹ Generally, one can only be admitted to the roll of advocates in Kenya after completing both an undergraduate law degree

8. Geraghty & Abdo, *supra* note 5, at 147.

9. *Id.*

10. T.O. Ojienda & M. Oduor, *Reflections on the Implementation of Clinical Legal Education in Moi University, Kenya*, 2 J. CLINICAL EDUC. 49, 50 (2002); Office of Att’y Gen. and Dep’t of Just., *Policy on Post Pupillage Program* iii (June 2020), <https://statelaw.go.ke/wp-content/uploads/2020/12/POLICY-ON-POST-PUPILLAGE-PROGRAMME.pdf>.

11. Ojienda & Odour, *supra* note 10, at 50.

and the pupillage training at the Kenya School of Law.¹² Likewise, legal education in Nigeria is divided between a five-year bachelor of laws degree awarded at the university and one-year vocational program at the Nigerian Law School for call to the Nigerian Bar.¹³ The Nigerian School aims to “[a]dopt skill-based, interactive and clinical methods of learning that would adequately prepare the graduates for their roles as lawyers....”¹⁴ In the U.S., where there is no post-law school training, students are given more exposure to clinical training. Beyond the American Bar Association (ABA) requirement of including a minimum of six credit hours of experiential education (a simulation course, a law clinic, or a field placement) in the curriculum for accreditation, law clinics are offered as a five credit hour course, on average, with the possibility for students to take an additional three credits in most U.S. law schools.¹⁵ According to the 2019–2020 survey conducted by the Center for the Study of Applied Legal Education (CSALE), seventy-eight percent of clinics require students to mandatorily “enroll for one term and 19% require two terms.”¹⁶ The survey has also brought to light the mounting demand for clinical courses, with 57% of the clinics responding stated that demand exceeds available slots.¹⁷

There is no point in designating clinical courses based on themes. The 2019 LL.B. curriculum gives students the option to choose among clinical courses on domestic violence, child rights, restorative justice, and rights of prisoners. However, in practice, students work in legal aid centers that provide services to all eligible beneficiaries or are placed at a court or another justice-sector institution, which makes clinical specialization less meaningful. If clinical subject matter specialization were taken seriously, clinics would serve only a section of possible beneficiaries within each specialization.¹⁸ As a result, eligible clients who have legal matters other than domestic violence, child rights, restorative justice, or rights of prisoners could not benefit from the services of the clinics. As Antoinette Lopez argues, “[a] clinical law program that begins with a limit on the subject matter of the representation invariably limits who its clients will be.”¹⁹

12. Yohana Ouma & Esther Chege, *Practice Report: Clinic, Law Clinics and Access to Justice in Kenya: Bridging the Legal Divide*, 23 INT’L J. CLINICAL EDUC. 107, 117 (2016).

13. ERNEST OJUKWU ET AL., CLINICAL LEGAL EDUCATION: CURRICULUM LESSONS AND MATERIALS 1 (2013).

14. Nigerian L. Sch., *Our Aim and Mission*, <https://www.nigerianlawschool.edu.ng/> (last visited March 3, 2023).

15. Ctr. for the Study of Applied Legal Educ. (CSALE), *2019-20 Survey of Applied Legal Education* 31 (2020), <https://www.csale.org/#results>.

16. *Id.* at 27.

17. *Id.* at 29.

18. Clinics in other jurisdiction encountered similar dilemmas at some point but decided in favor of establishing a general clinic. See, for example, Mutaz M. Qafisheh, *Reforming Legal Education through Clinical Pedagogy: Legal Education in Palestine: The Case of Hebron University Clinics*, 4 ASIAN J. LEGAL EDUC. 146, 152 (2017).

19. Antoinette M. Sedillo Lopez, *Learning through Service in a Clinical Setting: The Effect of Specialization on Social Justice and Skills Training*, 7 CLINICAL L. REV. 307, 320 (2001). Lopez also argues that

For the aforementioned reason, it is wise to consider the replacement of special clinical courses with a general law clinic course that will allow students to briefly learn about clinical methodology and professional ethics and to review relevant procedural and substantive laws in its classroom component, engage in simulations and court proceedings, and provide legal aid service to any eligible beneficiary. This does not mean that clinical specialization is unnecessary. Organizing clinics by specialization allows “for identification of practice and teaching specialties and organizing practice groups around these specialties.”²⁰ However, it should be pursued at the time when law schools and clinics are equipped with all the necessary human and material resources.

II. The Twin Missions of CLE: A View From Ethiopia

The law clinic manuals of Ethiopian law schools unambiguously state the objectives of CLE in Ethiopia as a program that is intended to impart in law students practical legal skills through the provision of legal services to live clients under the supervision of a clinical professor and instill in law students a sense of professional obligation to serve the community.²¹ Thus, the purpose of inclusion of clinical courses in the LL.B. curriculum and establishment of legal clinics in Ethiopia is twofold. First, they are meant to be legal laboratories in which students learn the practical application of the law. Second, they are intended to be avenues through which law students contribute to the furtherance of access to justice to the poor and vulnerable members of the community through the provision of legal aid services. Yet the CLE curriculum currently falls short on both counts. This section discusses the skill deficit in law graduates, the unmet access to justice needs in the country, and the role of CLE to address these gaps.

A. Equipping Students with Lawyering Skills

Legal education in Ethiopia has been severely criticized for its failure to adequately prepare students for the practice of law. The pre-2006 LL.B. curricula were blamed for their theoretical orientation at the expense of skills development.²² The 2006 Legal Education and Reform Document made it clear that the main reasons for this were lack of sufficient number of skill-oriented courses in the curricula,²³ dependency on lecture-based, less interactive teaching,²⁴

“[w]hen clinics do not limit themselves to a single subject matter, the diversity of cases enriches the students’ learning experience.” *Id.* at 325.

20. Thomas F. Geraghty, *Legal Clinics and the Better Trained Lawyer, Part II: A Case Study of Accomplishments, Challenges and the Future of Clinical Legal Education*, 16 *Nw. J. L. & Soc. POL’Y.* 47, 61 (2020).
21. See, e.g., Mizanie Abate, *Manual on HIV/AIDS Legal Clinic, Prepared under the Sponsorship of the Justice and Legal System Research Institute*, art. 2(1) (2008).
22. Fed. Democratic Republic of Ethiopia, *Comprehensive Justice System Reform Program: Baseline Study Report: Ministry of Capacity Building* 121-25, 277-91 (Feb. 2005), <https://www.cilc.nl/cms/wp-content/uploads/2014/11/CILC-Ethiopia-D-05-0103.pdf> (last visited Apr. 8, 2021).
23. Justice and Legal System Research Institute, *supra* note 2, at 14.
24. *Id.* at 17.

and little exposure of teaching staff and students to the legal practice world.²⁵ Comprehensive research conducted in 2018 to inform the Ethiopian Education Development Roadmap, which led to the education sector overhaul, also confirmed that higher education institutions, including law schools, are not imparting solid “non-cognitive knowledge or employability skills.”²⁶

A well-designed and applied CLE could positively contribute to addressing the skills gap in law graduates and producing a practice-ready graduates “through experiential learning.”²⁷ In a clinical setting, “students learn how to be lawyers by doing real-world legal work, typically on behalf of clients.”²⁸ From its pedagogical mission point of view, CLE “has both a skills component and a professional development/values component,” which are treated under the same category by some authors and discrete categories by others.²⁹ Thus, in the clinical setting, students learn and practice not only specific lawyering skills, but also principles and values of legal ethics and professional responsibilities.³⁰ In the course of representing clients under the supervision of a qualified professor, “clinical students have to address similar issues of legal ethics and professional responsibility as those faced by a qualified lawyer in a private law firm.”³¹ Clinics use a variety of methods to teach students, including brainstorming, role-playing, simulations, reflections, highly interactive discussions, regular in-depth feedback, and direct representation of clients.

Whether through individual client representation or participation in advocacy projects, CLE as a teaching methodology embedded in a curriculum offers students the opportunity to learn a range of specific skills. Individual cases allow students to develop lawyering skills, such as legal drafting, negotiations, legal research, interviewing, counseling, fact investigation, case theory development, brief-writing, negotiation, witness examination, oral advocacy, attorney-client relations, and ethical considerations.³² Projects also allow students to acquire a range of skills including “problem definition, analysis, and solution generation,

25. *Id.* at 18.

26. Ministry of Educ., Educ. Strategy Ctr., *Ethiopian Education Development Roadmap (2018-2030): An Integrated Executive Summary* 57 (July 2018), https://planipolis.iiep.unesco.org/sites/default/files/ressources/ethiopia_education_development_roadmap_2018-2030.pdf.

27. Anna E. Carpenter, *The Project Model of Clinical Education: Eight Principles to Maximize Student Learning and Social Justice Impact*, 20 *CLINICAL L. REV.* 39, 61 (2013).

28. *Id.*

29. Carolyn Grose, *Beyond Skills Training, Revisited: The Clinical Education Spiral*, 19 *CLINICAL L. REV.* 489, 496 (2013).

30. Ai Nhan Ho, *Reforming the Vietnamese Legal Education System: Possibilities and Perspective*, 23 *INT’L J. CLINICAL EDUC.* 48, 69 (2021).

31. *Id.* at 70.

32. Jayashri Srikantiah & Jennifer Lee Koh, *Teaching Individual Representation Alongside Institutional Advocacy: Pedagogical Implications of a Combined Advocacy Clinic*, 16 *CLINICAL L. REV.* 451, 455 (2009); S.K. Mokidi & C.A. Agbebaku, *Legal Clinics and Professional Skills Development in Nigeria*, 17 *INT’L J. CLINICAL EDUC.* 38, 44 (2012); Carpenter, *supra* note 27, at 72.

short and long-term strategic planning, written and oral communication for lay audiences, negotiation, community organizing, and legislative and policy advocacy.”³³

B. Maximizing Social Justice

We do not yet have data on the exact number of people in need of legal aid and having access thereto in Ethiopia. However, a number of indicators point to a vast gap in meeting the access to justice needs of the poor and vulnerable.

A legal aid need assessment conducted by the Ethiopian Lawyers Association in 2014 in the capital and six other towns found that “[c]ompared to the demand on the ground the service given by the existing legal aid providers is inadequate.”³⁴ Another study conducted in 2015 by the Ethiopian Lawyers Association and Ethiopian Young Lawyers Association focusing on the public defender’s office in Ethiopia similarly found that public defense service is not available in all tiers of courts structure or for all criminal offenses.³⁵ The study further found that the service of public defenders is unsatisfactory, and that public defenders are highly overloaded because of limited manpower compared with the number of cases to be handled.³⁶

In 2018, the Ethiopian Human Rights Commission funded a study dedicated to assessing the impact of legal aid services in Ethiopia. This study, conducted by experts of AAU, covered all legal aid providers in five of the nine regions and two city administrations, including university-based legal aid centers (LACs), pro bono lawyers, the attorney general’s office and justice bureaus, public defense offices, professional associations, and nongovernmental organizations. The study acknowledged some progress in expanding the accessibility of the service but concluded that the scope of the service is greatly inadequate to the number of people in the country in need of legal services.³⁷

At the end of 2019 and start of 2020, the Hague Institute for Innovation of Law (HiiL) in collaboration with the Office of the Federal Attorney General and Justice and the Federal Legal System Research and Training Institute (JLSRTI) conducted the first nationwide survey of people’s justice needs in Ethiopia. The survey brought to light Ethiopian people’s search for informa-

33. Carpenter, *supra* note 27, at 72.

34. Ethiopian Lawyers Ass’n, *Needs Assessment Report on the State of Legal Aid Services: Assessments on Addis Ababa, Adama, Assosa, Bahirdar, Hawasa, Jigjiga and Mekele* 43 (Dec. 2015), https://www.ethiopian-bar.org/index.php?option=com_docman&task=doc_view&gid=66&Itemid=108.

35. ABERA HAILEMARIAM WOLDEYESUS, PUBLIC DEFENDER’S SERVICES IN ETHIOPIA: ASSESSMENT OF CURRENT GAPS AND THE WAY FORWARD 66 (2015), https://www.ethiopian-bar.org/index.php?option=com_docman&task=doc_view&gid=67&Itemid=108.

36. *Id.*

37. MIZANIE ABATE ET AL., NATIONAL IMPACT ASSESSMENT OF FREE LEGAL AID SERVICE IN ETHIOPIA, FUNDED BY THE ETHIOPIAN HUMAN RIGHTS COMMISSION 80 (Sept. 2018) (unpublished manuscript) (on file with the author).

tion and advice when they encounter legal problems.³⁸ The survey found that people receive much of their support from family members, friends, neighbors, and local elders. By contrast, public institutions and civil society organizations have generally contributed little in this regard.³⁹ Another survey on the state of CLE and law schools-run legal aid also confirmed that the impact of legal aid services is insignificant compared with the need and that there is a vast gap between the demand and supply of legal aid services, leaving many without the legal assistance they need and the consequent injustice that entails.⁴⁰

The enormous unmet need for legal aid is also clear from the multitude of poor and vulnerable groups relative to the limited number of legal aid providers and their inaccessibility to the majority of this population. Aside from vulnerable groups, such as women, children, senior citizens, refugees, and people living with HIV/AIDS and disabilities, the majority of the Ethiopian population lives in poverty and illiteracy. Recent ethnic violence and civil war in a number of areas have resulted in displacement of millions of people. Lack of meaningful legal accountability for victims of human rights violations by states and nonstate actors, as well as administrative malpractice, means that these people need legal support in pursuit of legal redress. Faced with this massive need, legal aid providers' accessibility and effectiveness is limited by the insufficient attention paid to the matter, inadequate funding and material and human resources, and lack of coordination and networking among various stakeholders and service-providing institutions.⁴¹

Law schools could better contribute to social justice through integration in their core mandates of community engagement, research, and teaching and training. One way to achieve this is by rendering legal aid services to people who cannot afford to pay lawyers' fees as well as to groups vulnerable to human rights violations. As Anna Carpenter put it, CLE could enhance social justice in three ways: service, reform, and values.⁴² First, clinics provide legal representation service to the poor and vulnerable and thereby support clients in resolving their legal disputes.⁴³ Second, clinics engage in reform works that would result in structural or systemic change.⁴⁴ They do this "typically through impact litigation and more recently through advocacy projects, including community lawyering, community economic development, policy advocacy, and other lawyering strategies, thus advancing social justice on a broader scale

38. HIIL, *Justice Needs and Satisfaction in Ethiopia 2020*, at 7 (2020), https://www.hiil.org/wp-content/uploads/2019/09/JNS_Ethiopa_2020-1.pdf.

39. *Id.*

40. ABATE ET AL., *supra* note 37, at 98.

41. ABATE ET AL., *supra* note 37.

42. Carpenter, *supra* note 27, at 56.

43. *Id.* See also Frank Dignan, *Bridging the Academic/Vocational Divide: The Creation of a Law Clinic in an Academic Law School*, 15 INT'L J. CLINICAL EDUC. 75, 77 (2011).

44. Srikantiah & Koh, *supra* note 32, at 456.

than is possible in individual representation.”⁴⁵ Third, CLE can contribute to the advancement of social justice by inspiring students to engage in pro bono work or other activities that would promote social justice throughout their career after graduation.⁴⁶

III. Progress

Since its introduction in the LL.B. curriculum of Ethiopia in 2006, CLE has made limited progress. CLE does not receive the place it deserves in the curriculum.

Mindful of the fact that the very idea of CLE is new, manuals for law clinics and a Model Code of Conduct Governing Students Involving in Legal Clinics and Externship Programs were prepared to guide law schools, clinical teachers, and students. Handling clinical courses and management of legal clinics necessitates training and experience in clinical methodology. Accordingly, various bodies, such as JLSRTI, Addis Ababa University School of Law and Human Rights Center, in collaboration with Bluhm Legal Clinics of Northwestern University, organized a series of trainings and experience-sharing fora. While this is commendable, lack of institutional ownership and heavy reliance on donor funding cast doubt on the sustainability of the program.

LACs are increasingly used as a platform for teaching clinical courses, yet much is needed to fully integrate CLE and LACs. LACs are popular among universities and other stakeholders and are better funded than clinics. Accordingly, law schools are taking advantage of the resources and facilities of their LACs without the need to set up separate clinics. An important development over the past few years pertaining to LACs is universities’ enthusiasm to own and fund the operation of LACs. Another important positive development is the decision by the federal government and a growing number of regional states to allow law school instructors and their LACs to be issued with regular and special advocacy licenses respectively. The significance of this move cannot be overstated in view of the opportunity it creates for court representation of indigent clients by LACs.

IV. Issues and Challenges

The analysis in the preceding section showed that CLE made slower progress than initially anticipated. This section delves deeper into challenges and lingering issues and suggests remedial measures. By pinpointing actionable remedial measures, this section also provides a best-practices mapping of the elements necessary to give a CLE program the best chances of success and hence also provides a road map for law schools, donors and other stakeholders to evaluate what needs to be in place for a program to deliver optimally.

45. Carpenter, *supra* note 27, at 57.

46. Carpenter, *supra* note 27, at 57. See also Grose, *supra* note 29, at 511; Donald Nicolson, “Our Roots Began in (South) Africa”: Modelling Law Clinics to Maximize Social Justice Ends, 23 INT’L J. CLINICAL EDUC. 88, 92-93 (2016).

A. Organizational Structure of Law Clinics

One of the critical factors stunting the progress of CLE in Ethiopia is the lack of a meaningful structure for its implementation. What transpires from fifteen years of clinical experience in Ethiopia is that CLE cannot thrive in a situation where it is managed like doctrinal or other experiential courses. As a course, CLE blends both service delivery and demanding teaching and learning methodology; it necessitates establishment of not only a clinic but also a well-defined organizational structure within the law schools. Existing academic administrative structures are not adequately equipped to provide that institutional support.

In contrast to the business-as-usual trend of implementing CLE without a well-defined structure, Haramaya University and Addis Ababa University have successfully designed administrative structures specifically for CLE. The two universities provide models for how CLE can be more effectively supported from an institutional perspective. The College of Law of Haramaya University has created a clinical program coordinator position within the structure of the College of Law administration that is specifically tasked with coordinating clinical courses as well as recruiting and supervising students. The CLE program also has five full-time clinical legal officers who teach and practice law. Addis Ababa University School of Law has set up a Clinical Legal Education Council as the organ responsible for administering the project. Each clinic has a clinical supervisor who undertakes the overall supervisory role of their respective clinics, as well as in-house lawyers, a social worker and a psychologist. The clinical council and the supervisors are supported by administrative staff, headed by a manager and composed of a monitoring and evaluation expert, office assistants and a finance expert. Although AAU has a more organized structure, it is project-funded and ad hoc. No effort has been made so far to make this arrangement a long-lasting structure, which is a major limitation of such an approach.

A lesson that Ethiopian law schools can draw from others around the world is the absolute importance of establishing a law clinic as an organizational unit of the law school whose work is coordinated by a director/head/associate dean of the clinic.⁴⁷ The director of the clinic, ideally assisted by a deputy, should work on a full-time basis and be responsible for the overall oversight of the clinic, setting the strategic goals and plans of the clinic and ensuring their implementation, representing the clinic within and outside of the university and engaging in fundraising activities. The clinics should also have an administrative team that takes care of the day-to-day activities.

In the Ethiopian context, an important issue is whether law schools should establish law clinics with a separate organizational unit alongside existing LACs. For practical reasons, it is wise to integrate CLE and LACs and use the existing

47. Barbara Preložnjak, *Clinical Legal Education in Croatia—From Providing Legal Assistance to the Poor to Practical Education of Students*, 19 INT'L J. CLINICAL EDUC. 373, 376 (2013); *CSALE*, *supra* note 15, at 5. In this regard, the organizational structure of the Bluhm Legal Clinic could be mentioned as an example. Bluhm Legal Clinic, *About the Clinic*, <https://www.law.northwestern.edu/legalclinic/about/index.html> (last visited Nov. 3, 2021).

structure with some tweaks to account for the educational component of CLE. Thus, the organizational structure outlined above should be embedded in LACs. Doing so is advantageous for a number of reasons. First, it avoids unnecessary institutional duplications and thereby minimizes the pervasive problem of resource constraints in law schools. Second, law schools' LACs, which existed even before the formal introduction of clinical courses in the national LL.B. curriculum, are relatively well-organized units with good experience in legal services provision. Besides, in most law schools, LACs are integrated into the structure of and financed by their respective universities. Last but not least, the use of legal aid centers as legal clinics is also a better option to secure easy buy-in from universities and other stakeholders. Thus, the use of LACs as homes for law clinics allows law schools to use the institutional setup, resources, and experience of LACs and to garner support to achieve their objectives.

Adjusting legal aid centers as law clinics does not hinder the former from achieving their mission. On the contrary, it makes them more relevant not only as fora for the provision of community service but also as legal laboratories for law schools. This will, in turn, enable them to receive attention both from the community service and academic affairs wings of the universities. The legal aid centers, which can be renamed as law clinics after the introduction of the necessary adjustments, should be designed to host clinical students, as is already the case in some law schools, and accommodate other volunteer students, in-house lawyers, law instructors, and licensed lawyers in the provision of legal aid. Ensuring legal aid service delivery by nonclinical students and others is extremely important in light of the fact that clinical students can provide the service only for a semester (a maximum of four months) in one academic year under the existing arrangement. At times when clinical courses are not offered, the role of nonclinical students and other service providers should be maximized to ensure continuity of service for clients. This arrangement could phase out where curriculum reform allows uninterrupted delivery of legal aid services throughout the year within the framework of CLE.

B. Clinic Funding

Law clinics are always expensive to establish and sustain.⁴⁸ The principal reasons for this are: a clinical teaching methodology requiring a higher teacher-student ratio than doctrinal courses,⁴⁹ a well-equipped venue, and other facilities needed for delivery of legal aid services and execution of other projects. The size, type, and scope of clinical programs are conditioned by the available budget.⁵⁰

48. Ross Hyams, *Student Assessment in the Clinical Environment—What Can We Learn from the US Experience?*, 10 INT'L J. CLINICAL EDUC. 77, 87 (2006).

49. Peggy Maisel, *Expanding and Sustaining Clinical Legal Education in Developing Countries: What We Can Learn from South Africa*, 30 FORDHAM INT. L. J. 374, 388-98 (2006); Serge A. Martinez, *Law Clinics in Taiwan: Can Clinical Legal Education Succeed in this Civil Law Jurisdiction with an Undergraduate Legal Education System?*, 7 NTU L. REV. 343, 373 (2012).

50. Barbara Preložnjak & Juraj Brozović, *The Financial Challenges of Clinical Legal Education: An Example from a Zagreb Law Clinic*, 23 INT'L J. CLINICAL EDUC. 136, 153-54 (2016); Geraghty, *supra* note 20, at 52.

Because CLE has not yet been fully implemented in Ethiopia, one cannot tell for sure the extent to which funding impacted the establishment and continued functioning of legal clinics. Examination of the experiences of LACs that are used to host clinical students could throw some light on the funding issue. At the outset, though, it must be noted that LACs deploy fewer students and, by implication, fewer supervisors with longer hours of work of course instruction, simulations, and service delivery than would be required for a clinic.

Until quite recently, LACs of law schools in Ethiopia were funded solely by external donors, such as Action Aid Ethiopia, Ethiopian Human Rights Commission (EHRC), the European Union (EU), and the United States Agency for International Development (USAID). Sole reliance on external funding, however, has led to unsustainability of legal aid services. When the funds were interrupted, services were suspended. Many universities initially had difficulties recognizing legal aid as community service and therefore earmarking a budget for its operation.

With the exception of AAU and Gambella University, all universities have now integrated LACs into their structure and allocate funding either under the teaching-learning or community service budgets. Consequently, the centers have been able to employ lawyers and secretaries, to establish per diem pay for instructors and students, and to purchase equipment. Gambella University School of Law had been able to launch and run three LACs with the support of UNDP through a project titled Community Safety and Access to Justice to Refugees and Host Communities, which has already phased out. AAU LACs also remain donor-driven. Initially they were funded by the Kingdom of Denmark through the Royal Danish Embassy in Addis Ababa under the Addis Ababa University Clinical Legal Education Public Interest Project. The fund allowed the centers to operate for two years. The university was willing to cover a two-month budget of the legal aid center following the phaseout of the Danish project, but all centers were then closed for months because of lack of funding. Accordingly, the school had to look for external funding again. As of November 2017, the legal aid was fully funded by the State Department of the U.S. government via a project titled Widening Access to Justice in Addis Ababa and Its Environs. The project terminated at the end of January 2022.

In spite of the integration of university LACs into the structure of the universities, the budget allocated for them is either inadequate or difficult to access and deploy. Some law school heads complained that the budget codes do not give the required flexibility to utilize the budget to pay adequate per diem for students and instructors, among others. Inadequate funding is impairing the quality and accessibility of the legal aid services.⁵¹ University-owned LACs generally operate in ill-equipped single rooms or two that cannot accommodate clients, resident lawyers, students, supervisors and administrative staff. Demotivated

51. ABATE ET AL., *supra* note 37, at 102.

instructors, students and employed lawyers generally lack incentives given these circumstances.⁵²

Funding is not a challenge specific to LACs in Ethiopia. It is a recurring problem of law clinics in particular and law schools in general in other countries, including the rich ones. According to the 2020 survey conducted by the CSALE, fifty-three percent of U.S. law schools covered in the survey identified insufficient hard money (tuition dollars, endowment income, state subsidies) as one of the three major challenges they are facing.⁵³ External funding from the Ford Foundation, Open Society, American Bar Association, UNDP, International Commission of Jurists, and other donors has immensely contributed to launching and running clinics initially in central and eastern Europe, Africa, Asia, and other parts of the world.⁵⁴ However, law schools struggle to sustain clinics beyond the launching period because of discontinuity of funding from other sources and lack of readiness on the part of universities to take over funding responsibilities.⁵⁵

Law schools worldwide use various sources of finance and innovative strategies to fund their clinics. They receive government and law school funding and raise funds from domestic, foreign, and international organizations.⁵⁶ In South Africa, the Association of University Legal Aid Institutions (AULAI) Trust was created “to address the problem of sustaining existing clinical legal education programs . . . [which] provide[] a mechanism for donors to contribute to an umbrella organization that then shares the funds among the twenty-one university-based law clinics.”⁵⁷ AULAI has assisted many law school clinics in securing funds for hiring staff and attorneys by entering into cooperative agreements with legal aid funding institutions.⁵⁸ In Japan, four law schools and the Tokyo Bar Association have forged a partnership “to avoid duplicat[ion of] the costs of running separate clinics and . . . share costs to help provide cost-effective clinical opportunities for their students.”⁵⁹ Another innovative strategy “is to charge separate student fees for clinical work,” as is the case with the Russian Samara State University.⁶⁰ Kenya and Nigerian have established the Legal Aid

52. *Id.* at 78–79.

53. *CSALE*, *supra* note 15, at 8. The other two major challenges identified are other demands on clinical faculty’s time and insufficient faculty status.

54. Dubravka Aksamovic & Philip Genty, *An Examination of the Challenges, Successes and Setbacks for Clinical Legal Education in Eastern Europe*, 20 INT’L J. CLINICAL EDUC. 427, 433 (2014).

55. *Id.*

56. Preložnjak, *supra* note 47, at 379; Maisel, *supra* note 49; Richard J. Wilson, *Legal Aid and Clinical Legal Education in Europe and the USA: Are They Compatible?*, in *OUTSOURCING LEGAL AID IN THE NORDIC WELFARE STATES* 263, 275 (Ole Hammerslev & Olaf Halvorsen Rønning eds., 2018) (discussing Poland).

57. Maisel, *supra* note 49, at 393.

58. *Id.* at 394.

59. Martinez, *supra* note 49, at 374–75.

60. *Id.* at 375.

Fund and Legal Aid General Fund, respectively, to support legal aid services in universities, colleges, and other institutions.⁶¹ The Ford Foundation support was instrumental in the establishment of law clinics in the United States from end of the 1950s to the mid-1970s.⁶² Because of dwindling of external funding since the mid-1970s, clinical professors had to incorporate legal aid as a credit-earning course and diversify the focus areas of clinics to receive funding from their schools.⁶³ Apart from funding from law schools themselves, law clinics in the United States receive supplemental financial support from foundations, large law firms, and alumni.⁶⁴

C. Clinical Faculty

A clinic is an office where legal aid services are provided and students practice what they have learned in the course of delivery of the services. Day-to-day activities are carried out by students, supervisors, directors, managers, office assistants, and other experts. Clinical faculties play a pivotal role by providing close supervision of clinical students to ensure proper service delivery and students' acquisition of the necessary lawyering skills. Clinical professors must have both adequate lawyering experience, knowledge, and commitment to effectively discharge their student supervision role.⁶⁵ The encouragement, support and follow-up of clinical professors is critical for students to have the best clinical experience. Without adequate supervision, clinics could not achieve their objectives and students could not acquire the skills we expect them to acquire.⁶⁶

There is no separate set of qualifications for the position of clinical professor in Ethiopia. As in other disciplines, law schools' vacancies for employment of law professors generally require degrees and teaching experience, with little or no weight given to lawyering experience. This trend has led to a situation in which clinical courses have been handled by inexperienced teachers and taught with less academic rigor than doctrinal courses. In the worst cases, clinical courses have been handled by professors overburdened with overlapping administrative responsibilities, such as deans, department heads, and other officeholders, who would simply offer a brief introductory lecture and assign work that students

61. *The Legal Aid Act, No. 6* (2016) KENYA GAZETTE SUPPLEMENT No. 56 Part V, http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/LegalAidAct_No._6_of_2016.pdf; Legal Aid Act, Act No. (17) (2011) 98:66 O.G., A271 (Nigeria), <https://gazettes.africa/archive/ng/2011/ng-government-gazette-dated-2011-06-15-no-66.pdf>.
62. Cynthia F. Adcock, *Beyond Externships and Clinics: Integrating Access to Justice Education into the Curriculum*, 62 J. LEGAL EDUC. 566, 567 (2013).
63. *Id.*
64. Maisel, *supra* note 49, at 397-98; Geraghty, *supra* note 20, at 52-53.
65. ROY STUCKEY ET AL., BEST PRACTICES FOR LEGAL EDUCATION: A VISION AND ROAD MAP 131 (2007).
66. ADRIAN EVANS ET AL., AUSTRALIAN CLINICAL LEGAL EDUCATION: DESIGNING AND OPERATING A BEST PRACTICE CLINICAL PROGRAM IN AN AUSTRALIAN LAW SCHOOL 123-24 (2016), <https://press-files.anu.edu.au/downloads/press/n2366/pdf/book.pdf>.

were expected to submit at the end of the semester. These practices remain the same even today, albeit in fewer law schools than before.

While the criteria for recruitment of law professors remains the same, clinics are now increasingly assigned to professors with prior practical experience as judges, public prosecutors, and attorneys. However, because of the unappealing remuneration scheme in Ethiopian law schools as compared with other justice-sector institutions, such as courts and prosecution offices, law schools are unable to attract and retain instructors with better practical exposure, particularly in law schools outside of the capital. Consequently, many of them continue to rely on inexperienced professors to handle clinical courses.

D. Student Practice Rule

Representation of clients before courts is the least-delivered legal aid service by the LACs in Ethiopian law schools, including clinics. This is due to the costly nature of the service and lack of advocacy license on the part of students, lawyers, and instructors. An advocacy license is required for legal experts to provide court representation services.⁶⁷ Neither the federal government nor regions have issued a standalone student practice rule entitling students to litigate in courts representing indigent clients.⁶⁸

The issue whether law students should be allowed to appear and litigate before courts representing indigent clients has been highly controversial in Ethiopia. The track record of other countries is divided, with only a few countries allowing clinical students to render court representation services. These include the United States, the Philippines, Chile, Colombia, and the Republic of Georgia.⁶⁹ While law is a postgraduate course of study in the first two, it is an undergraduate degree in the last three countries. The driving factors for the adoption of student practice rules are “the combined interests of advocates for expanding legal services and law schools wanting to make clinical experiences more meaningful.”⁷⁰ Not only are the rules put in place to expedite students’

67. Federal Advocacy Licensing and Administration Proclamation, Proclamation No. 1249/2021, *Federal Negarit Gazeta*, 27th Year, No. 42, art. 4(1) (2021), <http://abebawlawfirm.com/wp-content/uploads/2022/10/Proclamation-No.-1249-2021-Federal-Advocacy-Service-Licensing-and-Administration-Copy.pdf>.

68. Amhara National Regional State Justice Bureau Special Advocacy License Issuance Directive, Directive No. 12/2007, at art. 4(2) (2015) [Amhara Region Special Advocacy License Directive], for instance, requires law schools to produce the academic credentials and experience of legal professionals who will take part in the delivery of legal aid as a requirement for licensing. The Federal Advocacy Licensing and Administration Proclamation, *supra* note 67, under art. 6(1) (b), invariably requires a first degree in law to render advocacy services regardless of whether the person or institution is a holder of a regular or special advocacy license.

69. Martinez, *supra* note 49, at 366; Aksamovic & Genty, *supra* note 54, at 436; Richard J. Wilson, *The New Legal Education in North and South America*, 25 STAN. J. INT’L L. 375 (1989).

70. Martinez, *supra* note 49, at 366 n.89; Thomas F. Geraghty et al., *Access to Justice: Challenges, Models and the Participation of Non-Lawyers in Justice Delivery*, in ACCESS TO JUSTICE IN AFRICA AND BEYOND: MAKING THE RULE OF LAW A REALITY 90 (2007), <https://www.scholars.northwestern.edu/en/publications/access-to-justice-challenges-models-and-the-participation-of-non->

skills acquisitions, they are also utilized to ensure court representation for indigent clients. In the United States, student practice rules allow students to represent clients in courts under the supervision of attorney-instructors in sixty-nine percent of law schools.⁷¹

In countries where students are not allowed to represent indigent clients before courts of law, critics challenge the status quo by contending that clinical students' exposure to the actual practice of law and the service they render would be incomplete without giving them the chance to appear before courts of law and litigate cases on behalf of their clients.⁷² Those who oppose students' involvement in court representation, particularly in countries where law is an undergraduate course of study, justify their position as follows. First, they claim that students are not mature enough to assume full responsibility for representing clients before judicial and quasi-judicial bodies and student involvement should be limited to the provision of other legal aid services short of court representation.⁷³ A related argument is that student representation will undermine the quality of services.⁷⁴ Second, in schools where the clinical supervisor-to-student ratio is below the acceptable level, lack of effective supervision is likely to compromise quality of services and result in a bad clinical experience for students.⁷⁵ Third, allowing students to appear before a court of law representing clients will likely lead to conflict with licensed lawyers.⁷⁶

Rebutting the arguments on lack of maturity, Wilson surveyed studies, concluding that the age difference between graduate law students in the United States and senior undergraduate students does not "create...significant differences in cognitive, social and psychological development."⁷⁷ Additionally, there are ways in which law schools could overcome the maturity dilemma. LL.B. students in Ethiopia have an age range between nineteen and twenty-three on average. University starting age may even be slightly higher for students from rural and pastoral areas because these students may have started school at a later age. The LL.B. curriculum made clinical legal education a fifth-year course, so only fifth-year graduating senior students would be taking part in client representation before court of law should student practice rules be introduced.

71. *CSALE*, *supra* note 15, at 27.

72. Richard J. Wilson, *Three Law School Clinics in Chile, 1970-2000: Innovation, Resistance and Conformity in the Global South*, 8 *CLINICAL L. REV.* 515, 567 (2002); Aksamovic and Genty, *supra* note 54, at 436; Mokidi & Agbebaku, *supra* note 32, at 46; Cecily E. Baskir, *Crossing Borders: Creating an American Law Clinic in China*, 19 *CLINICAL L. REV.* 163, 178 (2012); Martinez, *supra* note 49, at 363.

73. Jonny Hall & Kevin Kerrigan, *Clinic and the Wider Law Curriculum*, 15 *INT'L J. CLINICAL EDUC.* 25, 35 (2011).

74. Dignan, *supra* note 43, at 78.

75. Baskir, *supra* note 72, at 179-80.

76. Vendula Bryxová et al., *Introducing Legal Clinics in Olomouc, Czech Republic*, 10 *INT'L J. CLINICAL EDUC.* 149, 153 (2006).

77. Wilson, *supra* note 72, at 570.

To support the quality of legal services, legal practice could be limited to students in good academic standing. Supervisors' support is also pivotal for successful student legal practice. Accordingly, the current trend in law schools of class size for clinical courses exceeding twenty students should be replaced with a maximum class size of ten per supervisor to ensure closer supervision. Relatedly, law school should not encumber clinical professors with other courses and other assignments.

*E. Cultural Problem and Lack of Focus and Understanding
of CLE within Universities and Law Schools*

As is the case in many other jurisdictions,⁷⁸ teachers in Ethiopian law schools use the traditional lecture method and therefore tend to teach clinical courses using the same approach, demonstrating either lack of awareness of clinical methodology or deliberate disregard for what is provided in clinical manuals. In major urban areas, clinical teachers who have an advocacy license for practicing law or who provide consultancy services to other institutions or conduct academic research do so at the expense of clinical courses. This problem is compounded by lack of meaningful follow-up mechanisms to ensure that instructors are teaching courses in accordance with the curriculum design.

Lack of understanding of CLE among law school and university communities is also a challenge to the implementation of the program. CLE is a new concept in Ethiopia, which means that law school and university academic and administrative leaders have little or no knowledge of what it entails. Moreover, it does not receive attention commensurate with its introduction in the curriculum and its multifaceted distinct features. This partly explains why there is, so far, little consideration among academicians of how to improve the program; clinical courses carry low credits; clinical instructors are not treated separately; and law schools and their respective universities do not allocate adequate budgets or make other necessary resources available for the program.

F. Components of CLE

While the CLE type adopted in Ethiopia is a live-client clinic, clinical courses to some extent also have course instruction, simulation, and observation of court proceedings components.⁷⁹ Components of clinical courses other than actual delivery of legal aid services should be brief and should be intended to transition students to practice. Manuals recommend a ratio of classroom learning including simulation to practice of thirty percent and seventy percent, respectively.⁸⁰ The classroom component should be used to transmit knowledge and information on clinical methodology, ethical standards, carefully tailored simulations, and other matters necessary for competent representation of clients

78. Mokidi & Agbebaku, *supra* note 32, at 47; Qafisheh, *supra* note 18, at 168.

79. See, e.g., Abate, *supra* note 21, at art. 2.

80. *Id.* at art. 16.

of the clinics.⁸¹ However, manuals on legal clinics and syllabi list a plethora of topics to be covered in clinical courses. Clinical specialization is wrongly understood to entail substantive discussions on particular subjects of specialization as opposed to an approach for specializing clinical services. While a brief recap of the major issues in the specific subject matter could be made, it is a mistake to use clinical courses to give extensive lecture on detailed substantive legal topics. As final-year courses, clinical courses are offered after students are exposed to legal rules and doctrines in the overwhelming majority of courses. Being senior students, they could also consult and apply relevant laws when a legal issue is brought to their attention.

Client representation is the main methodological tool in CLE to prepare practice-ready graduates. Clinical courses are the only courses in the curriculum that give students the opportunity to handle actual client cases. Accordingly, students need to be given “repeated opportunities to perform the tasks to be learned or improved upon until they reach the desired level of proficiency.”⁸² Leaving the practice aside, it is highly doubtful whether students will fully assimilate the skills and concepts when CLE is only a two credit hour course. A 2021 empirical assessment of CLE and legal aid in Ethiopian law schools by AAU School of Law revealed that, in most law schools, clinical courses are delivered similarly to conventional courses, in disregard of the key aspect of the courses, viz., representation of clients.⁸³ In order to equip students with the necessary lawyering skills and instill in them a sense of adherence to professional ethics, they should be given ample opportunity to practice what they have learned in class. In practice, students interview clients and write pleadings in both civil and criminal matters as well as administrative matters without taking part in representation of clients before the courts of law. Moreover, none of the law schools give students the chance to engage in advocacy for law or policy reform or alternative dispute resolution. The study disclosed that student attorney caseloads are insufficient in number to assure that the student attorneys are fully engaged throughout the term of the clinic; case assignments do not permit students to get iterative experiences sufficient to meet several major learning goals; and caseloads for instructors and clinical students are insufficient to provide all students with enough work to justify the amount of course credit given.

G. Accessibility and Availability of the Services of Clinics

An important parameter of accessibility of legal aid facilities is the extent to which the service is within the physical reach to the beneficiaries. Currently, there are thirty-four law schools in Ethiopia, with each having at least three LACs. With this number and fair geographical distribution and the possibility of new centers being opened in newly established law schools and senior ones, law schools’ LACs have a huge potential to make legal aid services more

81. STUCKEY ET AL., *supra* note 65, at 145.

82. Jacqueline Weinberg, *Preparing Students for 21st Century Practice: Enhancing Social Justice Teaching in Clinical Legal Education*, 28 INT’L J. CLINICAL EDUC. 5, 34-35 (2021).

83. ABATE ET AL., *supra* note 37, at 85-89.

accessible than through any other legal aid provider. Recently, there has been significant progress to make the services more accessible.

However, much more needs to be done to make the legal aid services accessible to all eligible beneficiaries, both in rural and urban areas. Only a fraction of the rural population has access to the services, even in regions where law schools have several LACs. Data collected from justice-sector stakeholders, judges, prosecutors, practicing lawyers, and trainers at legal professional training institutions unequivocally affirm the enormous unmet legal aid need in Ethiopia.⁸⁴

In relation to physical accessibility, a commendable practice is to open off-campus LACs within the premises of—or proximate to—courts, correctional centers, and police stations where beneficiaries can easily access them. Making the legal aid service physically accessible to beneficiaries also requires ensuring the accessibility of the buildings to people with physical disabilities, which is a problem at a number of law schools. Aside from launching new clinics and centers, the accessibility of legal aid services of law schools could be boosted through the provision of hotline and online legal aid services. To increase the uptake of legal aid services, information about the legal aid services should be accessible to all potential beneficiaries in a language and format they clearly understand. Justice-sector stakeholders also point out that the services are not adequately promoted to the larger community. Consequently, a number of eligible beneficiaries are not fully aware of the availability of the services.

Efforts to expand the accessibility of legal aid services should also be matched with measures designed to diversify the types of legal aid services to be provided. In practice, whereas legal counseling is the most-delivered service, awareness creation and court representation are the least-delivered ones by the LACs. There is no particular reason that legal aid centers should not engage in legal literacy and training as much as they do in legal counseling.

To alleviate the problem of lack of advocacy licenses for lawyers and instructors, the federal government and the Oromia and Amhara regions have issued advocacy licenses to legal aid centers that enable them to undertake court representation by their lawyers and instructors. Other regions should also take similar measures. Introducing student practice rules, coordination with the federal and regional attorney generals and bar association to allow practicing lawyers to discharge their pro bono obligations, removing barriers to licensing of law teachers to practice law by all regions, and providing special advocacy licenses for LACs in all regions would further help to scale up client representation services in clinics.

Client representation is a key component of legal aid; however, realizing access to justice for the indigent and vulnerable requires measures that would result in policy and law reforms. So far, law schools pay no attention to out-of-court advocacy works that could be used to challenge systemic and structural barriers to access to justice. Moreover, public interest litigation that could be used to make state and nonstate actors accountable for massive human rights

84. *Id.* at 80.

violations, environmental disaster and noncompliance with labor standards and litigate for redress on behalf of victims thereof has not been tried so far by any of the LACs.

At this juncture, it is worth mentioning the positive developments in the recent Federal Advocacy Licensing and Administration Proclamation, which should be exploited to maximize court representation services by clinics. The law entitles law school teachers to hold special advocacy licenses to provide pro bono services.⁸⁵ This creates flexibility for teachers who have no interest in holding the regular license, which is also explicitly allowed under the new law.⁸⁶ Moreover, the law imposes an obligation on “[c]very advocate who practices privately or works in a law firm either as a partner or as an employee . . . to provide pro bono advocacy service, for not more than three cases in a year. . . .”⁸⁷ Aside from pro bono cases to be assigned by the federal attorney general, the law recognizes pro bono services rendered by advocates to eligible beneficiaries even without a court assignment.⁸⁸ This is an extremely important development, for it allows practicing lawyers to provide services in law school clinics.

H. Malpractice Insurance

Needless to say, clinical students and other legal aid providers in clinics should provide services consistent with the highest professional standards expected from practicing lawyers. To that effect, law schools should design and implement the necessary quality assurance mechanisms to prevent malpractice and to remedy, if at all possible, without delay when it occurs. The question, however, is what remedy clients of clinics have for the material loss they suffer owing to malpractice on the part of legal aid providers. In the United States and Croatia, for example, law schools provide insurance against malpractice for students and clinical supervisors, which is either offered by insurance companies or through other schemes, such as the National Legal Aid and Defender Association Program and CIMA Legal Services Professional Insurance Program.⁸⁹

The recently adopted Federal Advocacy Licensing and Administration Proclamation has also introduced the concept of professional indemnity insurance in Ethiopia. Under Article 33, “[c]very advocate or law firm may secure an indemnity insurance policy, for the damage he or it may cause on his or its client due to failure to discharge his or its duty properly.” While securing indemnity insurance seems to be optional, the fact that rendering advocacy service without securing an insurance policy or without its renewal constitutes a serious

85. Federal Advocacy Licensing, *supra* note 67, at art. 1(b).

86. *Id.* at art. 15(1).

87. *Id.* at art. 31(1). This law for the first time permits the establishment of law firms. *Id.* at art. 37.

88. *Id.* at art. 32(4).

89. Preložnjak, *supra* note 47, at 379; STUCKEY ET AL., *supra* note 65, at 143; ABA, *Insurance for Pro Bono*, <https://www.americanbar.org/groups/center-pro-bono/resources/insurance-pro-bono/> (last visited Nov. 3, 2021).

disciplinary violation punishable by fine or suspension of license implies that it is mandatory.⁹⁰ As the scope of this provision is confined to advocates who are defined as persons licensed to provide private advocacy services,⁹¹ it cannot be construed to impose a similar obligation on legal aid-providing special advocacy license holders, law schools and their LACs or clinics. However, clients of law clinics or LACs who receive pro bono services by licensed lawyers and firms could still benefit from indemnity insurance, because their clients include not only those who receive advocacy service for money but also pro bono beneficiaries.⁹²

I. Coordination, Collaboration, and Networking

In Ethiopian law schools, the problem of absence of a suitable organizational structure enabling CLE to achieve its twin missions is compounded by lack of an external body that actively supports and monitors, raises funds, standardizes, accredits, organizes trainings, creates experience-sharing platforms, and undertakes other activities indispensable for strengthening CLE. Accordingly, adequate CLE implementation and monitoring is currently left to individual law schools, which also have not been able to forge strong partnerships and networking among themselves and other stakeholders.

AAU School of Law has played some role in the advancement of CLE. The school, in collaboration with Northwestern University Bluhm Legal Clinic and through the financial support of the Kingdom of Denmark through Royal Danish Embassy in Addis Ababa, successfully created a platform for law schools to share their experiences with CLE and legal aid and offer training on clinical methodology. The school continued to organize annual trainings and experience-sharing fora in partnership with Northwestern University Bluhm Legal Clinic, with the financial support of the U.S. Department of State under the framework of Widening Access to Justice through Clinical Legal Education in Addis Ababa and its Environs Project.⁹³ The school also conducted and completed in August 2021 a study on CLE and law schools' legal aid with the financial support of USAID *Feteh* (Justice) Activity in Ethiopia.⁹⁴ The study unpacked successes and challenges in the implementation of CLE and law schools' legal aid and put forward recommendations that could be used for curricular, legal, and institutional reforms.

90. *Federal Advocacy Licensing and Administration Proclamation*, *supra* note 67, at art. 85 (11), 86(2) and (5).

91. *Id.* at art. 2(1).

92. *Id.* at art. 2(8) read together with art. 2(5).

93. Widening Access to Justice through Clinical Legal Education in Addis Ababa and its Environs Project, Project Implemented by Addis Ababa University School of Law (November 2017–January 2022); *United States Supports Widening Access to Justice Through Clinical Legal Education*, U.S. Embassy in Ethiopia (Jan. 30, 2018), <https://et.usembassy.gov/united-states-supports-widening-access-justice-clinical-legal-education-addis-oromia/>; *AAU Launches Clinical Legal Education*, AAU (Feb. 4, 2018), <http://www.aau.edu.et/blog/aau-launches-clinical-legal-education/>.

94. ABATE ET AL., *supra* note 37.

In other jurisdictions, external institutions have been playing a key role in shaping and supporting CLE. In the United States, the ABA continues to positively influence CLE through its law schools' accreditation standards, which require that all schools offer live-client or other real-life experiences.⁹⁵ In addition, "the American Association of Law Schools has a robust clinical education section, and sponsors a well-attended annual conference where clinical pedagogy is debated and deepened...."⁹⁶ Clinicians also formed the Clinical Legal Education Association (CLEA) which "advocate[s]for clinical legal education as fundamental to the education of lawyers."⁹⁷ In Poland, the Polish Legal Clinics Foundation (FUPP) plays a central role in promoting CLE. The FUPP was established in 2002 to strengthen the structure of clinical education and provide a national platform for training, support, and standards in the operations of clinics.⁹⁸ The FUPP sets minimum national standards every clinic should attempt to meet, approves clinics, liaises with the national government, sponsors national clinical conferences and workshops, has developed a voluminous manual on clinics, and has published a number of texts on clinical legal education at the national level.⁹⁹ In South Africa, all university law clinics are members of AULAI, whose primary objective is to promote clinical programs in South Africa.¹⁰⁰ A notable contribution of AULAI, mentioned earlier in this article, is a successful fundraising campaign to sustain CLE.¹⁰¹

In Kenya, the Legal Aid Act of 2016, which includes law school clinics among legal aid-providing institutions, established the National Legal Aid Service, whose mandate is generally to broaden and deepen legal aid initiatives and, in the process, promote access to justice. The National Legal Aid Service is also tasked with liaising with the Council of Legal Education in developing programs for legal aid education; promoting and supervising the establishment and working of legal aid services in universities, colleges, and other institutions; and developing the accreditation criteria it will use in accrediting various legal aid providers.¹⁰² In Nigeria, the Network of University Legal Aid Institutions (NULAI Nigeria) was established in 2003 as a nongovernmental nonprofit organization.¹⁰³ Its activities include promoting clinical legal education, reforms of legal education, access to justice and legal aid by organizing colloquiums and training workshops and giving grants for the provision of financial and

95. *ABA Standards 2020-2021*, *supra* note 7, at *Standard 304*.

96. Keyes et al., *supra* note 7, at 5.

97. CLEA, *Mission*, <https://www.cleaweb.org/mission> (last visited Nov. 3, 2021).

98. Wilson, *supra* note 56, at 276-80.

99. *Id.*

100. Maisel, *supra* note 49, at 392.

101. *Id.* at 392-93.

102. Ouma & Chege, *supra* note 12, at 121.

103. Ojukwu et al., *supra* note 13, at 1.

material resources to law clinics. Its membership is open to legal clinics/legal aid institution of Nigerian universities and law schools.¹⁰⁴

In terms of networking, the Consortium of Ethiopian Law Schools and Ethiopian Law Schools Association (ELSA) remain the only platforms for heads of all law schools to deliberate and decide on various issues of legal education. CLE has not, however, garnered much of their attention so far.

Conclusion

The notion of CLE in Ethiopia is quite recent; it found its way to the LL.B. curriculum in 2006 following a major overhaul of the legal education and training in the country. The 2006 legal education and training reform was, *inter alia*, intended to bolster the role of law schools in sustaining access to justice and producing competent and responsible graduates. The legal education and training reform that led to the introduction of CLE in the 2006 LL.B. curriculum was a response so deterioration of quality of education following a significant increment of the number of law schools in the country in the 1990s and the first decade of the twenty-first century.

As elsewhere, the introduction of CLE is envisioned to achieve interrelated and mutually reinforcing pedagogical and social justice missions. Availing itself of various empirical studies on the subject matter, this article assessed the place of CLE in the LL.B. curricula and the progress made among Ethiopian law schools in meeting the missions of CLE and inquired into the issues and challenges that impede its implementation. Drawing from the experiences of U.S. and other law schools around the world, as well as best practices within Ethiopian law schools, the article also offers recommendations that should be used to revamp CLE to achieve its twin pedagogical and social justice missions. The lessons it derives may also be useful to similarly situated countries seeking to develop their clinical offerings.

Within law schools, the major improvements that should be considered may be summarized as follows. A critical factor that contributed to a stunted progress of CLE in Ethiopia is the lack of a meaningful organizational structure that takes into account the peculiar nature of CLE as a program that blends service delivery and experiential learning. Short of creating a new structure, this challenge could be addressed by integrating CLE and legal aid centers and adapting the existing structures to account for the educational component of CLE. While using LACs as legal clinics could significantly reduce the outlay of resources, the lack of adequate funding affects the scope and quality of service they provide. Launching new clinics and sustaining existing ones requires not only allocating funds from university budgets but also diversifying sources of funding. Among other provisions, law schools should ensure that law clinics and LACs have adequate space and facility to accommodate all students, that clinical teachers are not overburdened with other courses and other assignments, and that clinical class sizes are kept to a maximum of ten students.

104. Beatrice Shuwa, *The Evolution of Academic and Clinical Legal Education in Nigeria and Selected Common Law Countries*, 17 NIGERIAN L.J. 102, 117 (2014).

Lastly, universities should institute a separate set of criteria for recruitment and promotion of clinical professors that takes into account the skills and experience necessitated by the nature of the courses and client-related as well student supervision responsibilities of the teachers. These issues need to be addressed through amendment of senate legislation of universities.

With respect to the broader regulatory environment, the absence of student practice rules both at the federal and regional levels is a severe limitation on CLE. There is no plausible justification for the sweeping denial of special advocacy licenses for students that would enable them to represent clients before courts of law in a CLE setting. There are ways law schools can overcome students' lack of maturity, one of which is limiting legal practice to students with good academic standing and ensuring quality supervision.

At the societal level, a major issue is that services of the clinics are not yet physically accessible to the majority of the beneficiaries, particularly those residing in rural and remote areas. Aside from launching new clinics and centers, the accessibility of legal aid services of law schools could be boosted by providing hotline and online legal aid services. To increase the uptake of legal aid services, information about legal aid services should be accessible to all potential beneficiaries in a language and format they understand. In addition to expanding the accessibility of legal aid services, measures should be taken to ensure uninterrupted service delivery and to diversify the types of legal aid services, which are currently largely confined to legal counseling, with limited focus on legal awareness creation and court representation and no student involvement in public interest litigation or advocacy for policy and legal reform.

Lastly, CLE in Ethiopia suffers from lack of an external body to actively support and monitor, raise funds, standardize, accredit, organize trainings, create experience-sharing platforms, and undertake other activities indispensable for strengthening CLE. This problem is further compounded by the absence of robust networking and collaboration among law schools and other legal aid-providing institutions. Law schools and other stakeholders need to strengthen the newly established ELSA and make CLE part of the agenda of the Consortium of Ethiopian Law Schools if these bodies are to succeed in supporting legal education in general and CLE in particular. The government should also expedite the adoption of the draft legal aid strategy, whose implementation could revitalize the legal aid coordination role of the Ministry of Justice and networking and collaboration among law schools and other legal aid-providing institutions through a separate legal aid fund.

Beyond Ethiopia, this road map for consolidating a robust clinical education program can also be used by other jurisdictions seeking to develop clinical opportunities.